

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ActBlue

Full Name (Last, First, Middle Initial) A. BRIDGET QUINN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1041 84TH AVE. NE.		Transaction ID : SB28A_32110040
City MEDINA	State WA	
Zip Code 98039	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 5.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund of contribution, initially earmarked for DELBENE FOR CONGRESS (C00459099)
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BRIDGET QUINN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1041 84TH AVE. NE.		Transaction ID : SB28A_27071824
City MEDINA	State WA	
Zip Code 98039	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 10.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund of contribution, initially earmarked for DELBENE FOR CONGRESS (C00459099)
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BRIDGET QUINN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1041 84TH AVE. NE.		Transaction ID : SB28A_28798514
City MEDINA	State WA	
Zip Code 98039	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 5.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund of contribution, initially earmarked for DELBENE FOR CONGRESS (C00459099)
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	